

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1962

-62-049260

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 6168 Registrar's No. 52

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1,040

2,104,0

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1290-3

131-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN (Lincoln)		c. CITY OR TOWN Crane	
d. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS R#2	
3. NAME OF DECEASED (Type or print) George Washington Bowling		4. DATE OF DEATH December 6 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/30/80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Kentucky	
13a. FATHER'S NAME Benjamin Bowling		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. 64	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH Instant	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Deceased found dead 12/7/62 had			
DUE TO (c) been dead at least 20 hrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Coroners Case , to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George Manlove (Degree or title) Coroner		22b. ADDRESS Crane, Missouri	
22c. DATE SIGNED 12/8/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/9/62	23c. NAME OF CEMETERY OR CREMATORY Mars Hill	23d. LOCATION (City, town, or county) (State) Barry County Missouri
24. FUNERAL DIRECTOR ADDRESS Manlove Funeral Home, Crane, Mo		25. DATE RECD. BY LOCAL REG. 12-11-62	26. REGISTRAR'S SIGNATURE Mary F. Stewart

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

George Monroe

Licensed Embalmer No. 3827

P. O. Address Orion Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.